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APPLICANTS
 Sergei F. Burlatsky, Vernon, CT;
 Mallika Gummalla, Longmeadow, MA;
 Louis J. Spadaccini, Manchester, CT;
 Foster Philip Lamm, South Windsor, CT;

**** CONTINUING DATA ******* *PAH me*

**** FOREIGN APPLICATIONS ******* *PAH me*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 4	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

ADDRESS
026096

TITLE
Fuel deoxygenation system

FILING FEE RECEIVED 806	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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